

## ACADEMIC APPEAL PROCESS

### **Review Process for Disciplinary Actions**

The University of Tennessee College of Medicine assures the resident the right to appeal any disciplinary or adverse academic action taken by the residency program or institution that results in dismissal, non-renewal of a resident's agreement, non-promotion of a resident to the next level of training, or other actions that could significantly threaten a resident's intended career development. The Academic Appeal process is intended to provide a formal, structured review of the disciplinary action and its cause(s). All appeals must be processed according to the following policies and procedures.

The resident has the right to obtain legal counsel at any level of the Academic Appeal process, but attorneys are not allowed at academic grievance hearings or at reviews. However, the University of Tennessee College of Medicine cannot compel participation in the Academic Appeal process by peers, medical staff, patients, or other witnesses, even if such is requested by a resident seeking review. Residents who have been dismissed will receive no remuneration during the review.

### **Departmental Review**

Residents may initiate review of a disciplinary or adverse academic action(s) by submitting a written request for review to the department chair within ten (10) business days. The following Academic Appeal procedures shall apply:

1. A written request for review must be submitted to the department chair within ten (10) business days.  
  
Or the resident may waive this department-level review and begin the review process at the Executive Associate Dean's level (see GME Review and Waiver of Departmental Review Statement). The signed Waiver of Departmental Review Statement along with a written request for review must be submitted to the Executive Associate Dean for Graduate Medical Education within ten (10) business days of notice of dismissal or adverse academic action.
2. The initial review request must include: (a) all information, documents and materials the resident wants considered, and (b) the reason the resident believes the disciplinary or adverse academic action is not warranted. The resident may submit the names of fact witnesses whom the chair has discretion to interview as a part of the review process.
3. The department chair may appoint a designee or designate an advisory committee to review the decision. The committee's recommendation to the chair shall be non-binding.
4. On reaching a decision, the department will notify the resident and DIO in writing. If the decision is adverse to the resident, the notice shall also advise the resident of the right to review on the record.

**GME Review**

5. If the resident desires further review, a written request must be submitted to the Executive Associate Dean for Graduate Medical Education within ten (10) business days of notice of the departmental decision. The written request for review by the Executive Associate Dean for GME must be sent to Eugene C. Mangiante, M.D., 920 Madison Ave., Suite C50; Memphis, TN 38163. The request must include:

- (a) any information the resident wants considered, and
- (b) any reason the resident feels the academic or disciplinary action is not warranted.

The resident may submit the names of fact witnesses whom the Executive Associate Dean has discretion to interview as a part of the review process.

6. At the discretion of the Executive Associate Dean, a hearing may be allowed if requested by the resident. The Executive Associate Dean shall determine whether a hearing or review on the record is appropriate. Review on the record may include a face-to-face meeting with the resident and interviews with witnesses by the Executive Associate Dean.
7. Upon reaching a decision, the Executive Associate Dean for GME will notify the resident and DIO in writing and advise the resident of the right to further review at the next level of institutional review.

**Institutional Review**

8. The resident may obtain additional review on the record by the Dean of the College of Medicine by submitting a written request within ten (10) business days after being advised of the outcome of the GME level of review. The request should be sent to Steve J. Schwab, M.D.; Dean, College of Medicine-Memphis; 4<sup>th</sup> Floor Hyman Administration Building; Memphis, TN, 38163.

The resident and DIO will receive written notification of the final review decision.

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**WAIVER OF DEPARTMENTAL REVIEW STATEMENT**

I, \_\_\_\_\_, M.D., hereby waive the first level of review (department-level review) of the disciplinary or adverse academic action(s) taken by my residency program or other University of Tennessee Health Science Center officials.

I elect to waive department-level academic review and commence the process with review by the office of the Executive Associate Dean for Graduate Medical Education.

Resident Signature \_\_\_\_\_ (date) \_\_\_\_\_

Print Name \_\_\_\_\_

Residency Program \_\_\_\_\_ PGY Year \_\_\_\_\_